

# Screening and Referral to Pelvic Rehabilitation for Pelvic Floor Dysfunction: **BEYOND KEGELS**

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# Disclosure Statement

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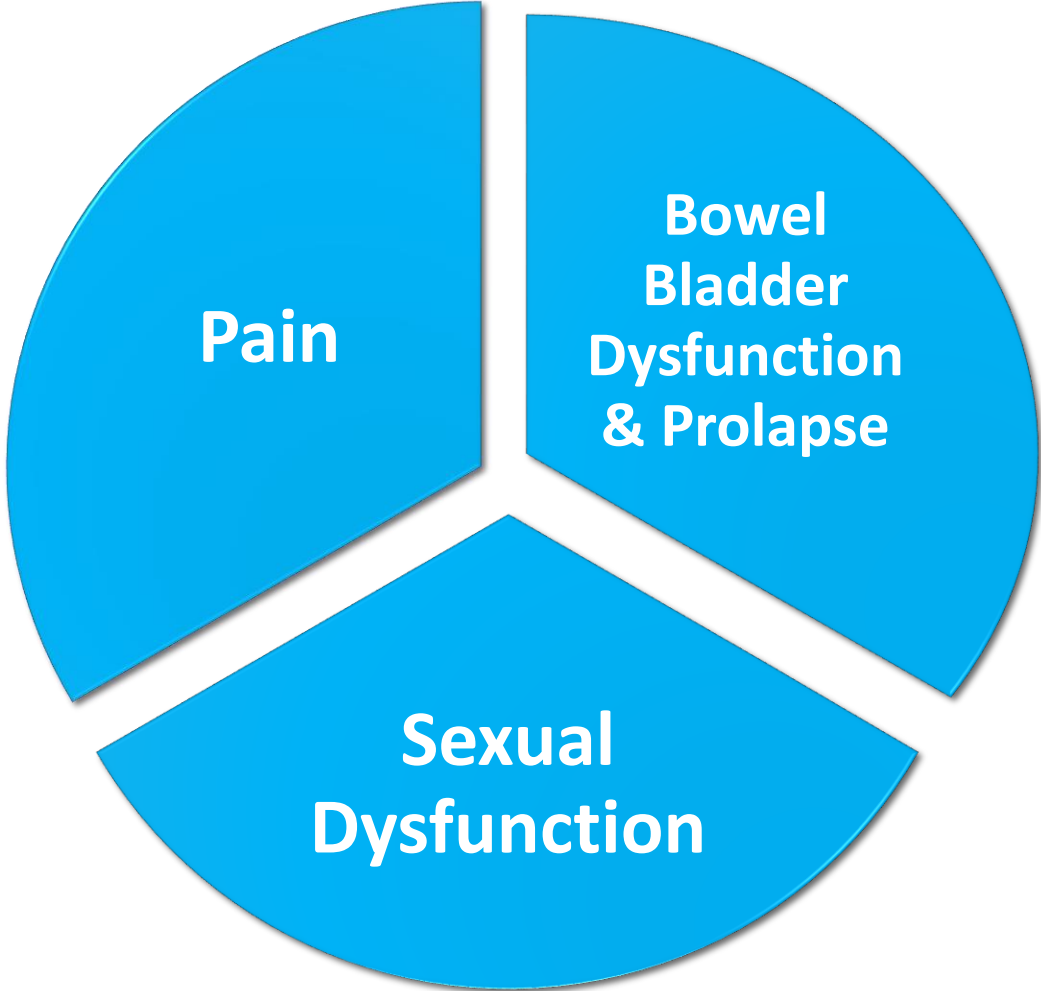
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# Objectives:

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- To help the clinician to learn how to identify patients with pelvic floor dysfunction
- To introduce basic screening of the musculoskeletal system when evaluating patients with pain or incontinence
- To provide helpful tips for knowing when a patient is appropriate for **Pelvic Physical Therapy**

# From a Pelvic PT Practice Standpoint



# Physical Therapy Down There? WHO does that?

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# Demystifying the Musculoskeletal!

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Why, What, How?



# Typical UI Primary Medical Assessment

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## Evaluative Tools:

- History & Physical
- Labs

## Differential Diagnosis:

- Infection focused
- Viscera focused
- Overlapping conditions
- Inconsistent/unclear patient information

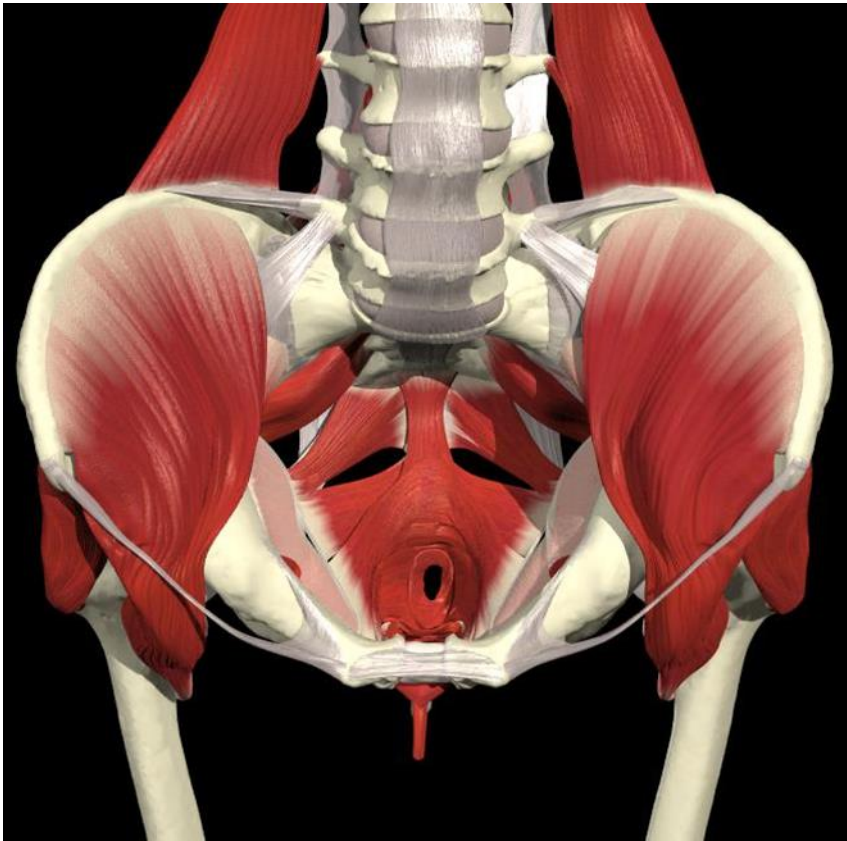
What else can be  
assessed and  
addressed?





# What about the musculoskeletal structures?

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## Pelvic Floor Muscles

- Functional unit of the PF
- Can be affected by injury or illness
- Do not spontaneously rehabilitate

# Screening Before PT Referrals

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- UTI's
  - Vaginal Infections
  - Pelvic Organ Prolapse
  - Hesitancy or Retention
  - Med changes and other factors related to UI onset [DIAPPERS]
- **Pelvic Exam**
    - **clear for**
      - **masses/dermopathy**
      - **ID for Pain/Prolapse**

# Persistent Stress Incontinence

```
graph TD; A[Persistent Stress Incontinence] --- B[Pelvic Organ Prolapse  
Hormonal changes  
Weight  
Constipation]; A --- C[Intrinsic Sphincter Deficiency  
Urethral Hypermobility]; A --- D[Pelvic Muscle Dysfunction  
Weakness or Incoordination  
IAP Modulation];
```

**Pelvic Organ Prolapse**  
**Hormonal changes**  
**Weight**  
**Constipation**

**Intrinsic Sphincter  
Deficiency**  
**Urethral Hypermobility**

**Pelvic Muscle  
Dysfunction**  
**Weakness or  
Incoordination**  
**IAP Modulation**

# Persistent Urge Incontinence

```
graph TD; A[Persistent Urge Incontinence] --- B[Gynecological Post OP  
Pelvic Organ Prolapse  
Weight  
Constipation  
Fluid Management]; A --- C[MS  
Parkinson's  
Lumbar/Sacral spine  
Neuropathies]; A --- D[Pelvic Muscle Dysfunction  
Overactivity or Incoordination  
Abdominal scars];
```

**Gynecological Post OP**  
**Pelvic Organ Prolapse**

**Weight**  
**Constipation**  
**Fluid Management**

**MS**  
**Parkinson's**  
**Lumbar/Sacral spine**  
**Neuropathies**

**Pelvic Muscle Dysfunction**  
**Overactivity or Incoordination**  
**Abdominal scars**

# Persistent Dyspareunia

```
graph TD; A[Persistent Dyspareunia] --- B[Gynecological Post OP]; A --- C[Endometriosis Fibroids]; A --- D[Pelvic Muscle Dysfunction Overactivity or Incoordination];
```

**Gynecological Post OP**

**Relational issues**  
**Estrogen Deficiency**

**Endometriosis**  
**Fibroids**

**Pelvic Muscle  
Dysfunction  
Overactivity or  
Incoordination**

# But...What is normal?

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# Pelvic Floor Dysfunction



# Defining Pelvic Floor Muscle Dysfunction

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## Underactive Pelvic Floor

- Pelvic organ prolapse
- Incontinence
  - urinary &/or fecal
  - stress
  - urge
  - mixed

## Overactive Pelvic Floor

(aka: Pelvic Floor Tension Myalgia)

- Pelvic pain syndromes:
  - vulvo/vestibulodynia, IC, vaginismus, dyspareunia, coccydynia, anismus
- Urgency/frequency
- Urinary retention
- Outlet constipation
  - ...incontinence can also exist...



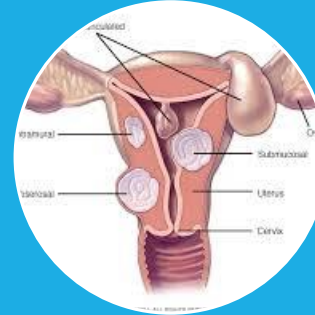
# What can go wrong down there?



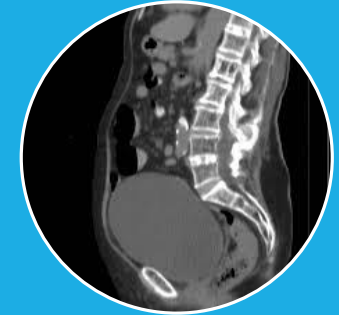
**Injury/  
Trauma to  
the pelvic floor**



**Biomechanical  
dysfunction**



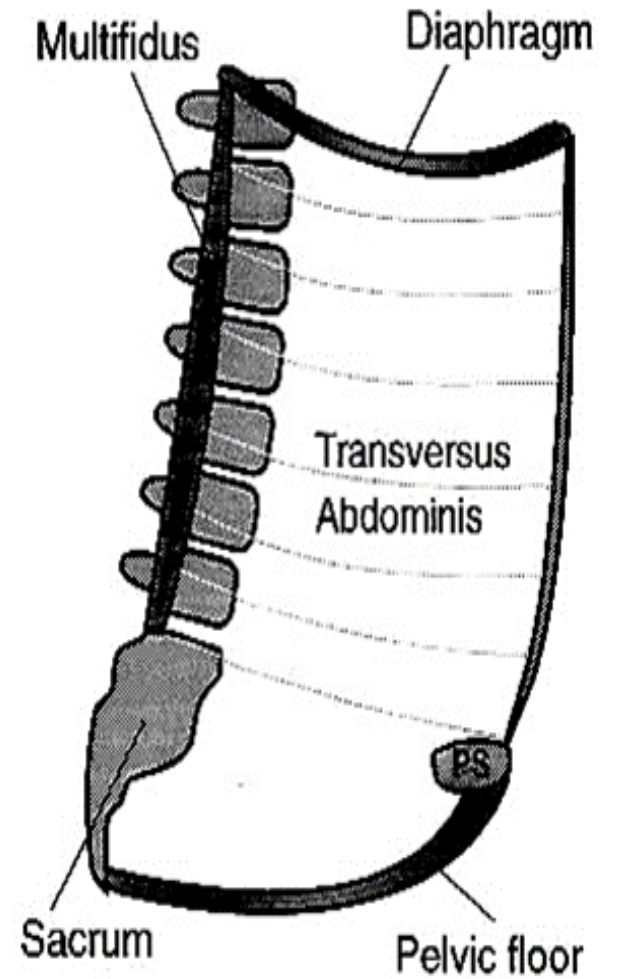
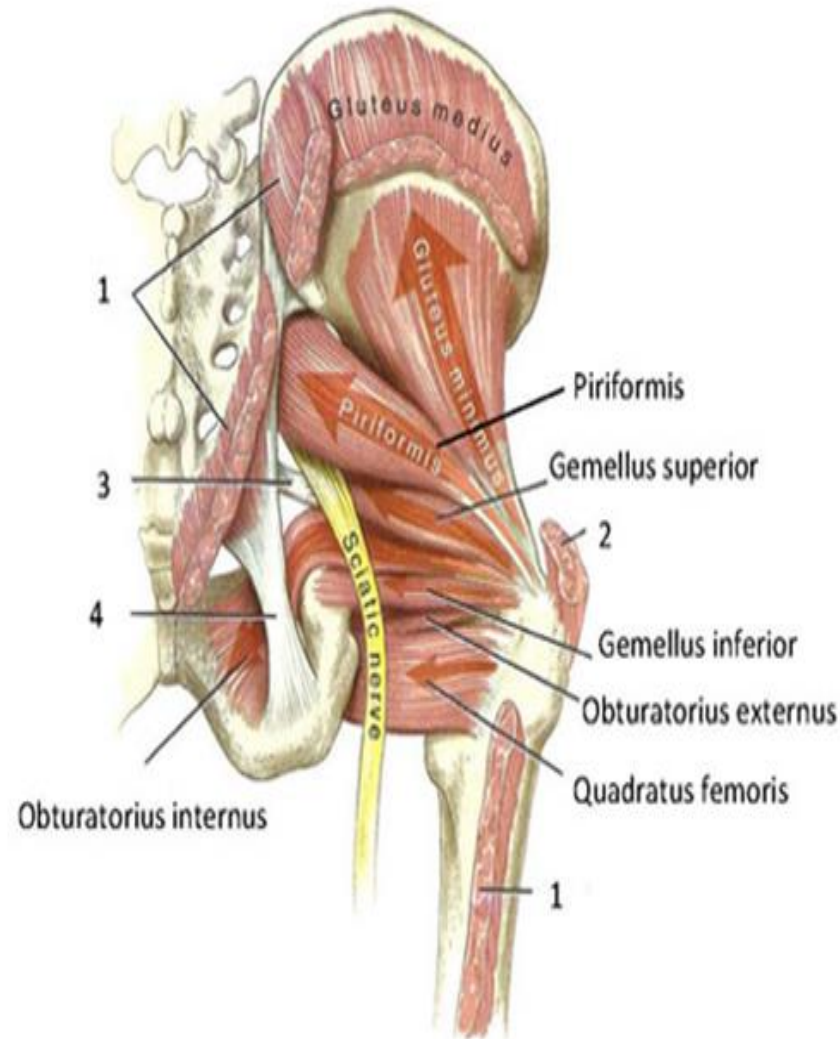
**Inflammatory pain  
disorders  
involving pelvic  
viscera  
{fibroids, IBS, endo,  
IC}**



**Dysynergias  
of the  
pelvic floor**



# Joint Integrity / Biomechanics of Lumbar Spine, Hip & Abdomen



# When NOT to teach Kegels???

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**Pain with contraction**

**Pain with sex, during or after**

**Pain on pelvic exam (lateral walls)**

**Inability to release or relax the muscle**

**Patient may have Overactive PF Muscles**



# What to Ask Your Patient

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Have they had problems or Recent Changes Bowel, Bladder and Sexual function? **If yes, ask about...**

- Vaginal introitus pressure/notice a bulge?
- Urgency/Frequency Day/Night?
- Leak with activity or urge?
- Leak Volume: Drops/Tsp/Tbs/Cup?
- Hesitation or low flow or feeling of incomplete emptying

# What to Ask Your Patient

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Have they had problems or Recent Changes Bowel, Bladder and Sexual function? **If yes, ask about...**

- **If Sexual Dysfunction**  
onset/consistency/desire/arousal/orgasm/post coital pain?
- **If Bowel – stool consistency/supplements/pain or pressure relieved with BM/tailbone pain/sitting pain?**

# What to avoid saying...

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**“Your Vagina is too tiny, too tight, too loose, labia too big”**

**“Your Bladder has dropped/Your uterus is falling out”**

**“Your vagina is dry”**

**“Your muscles are so weak”**

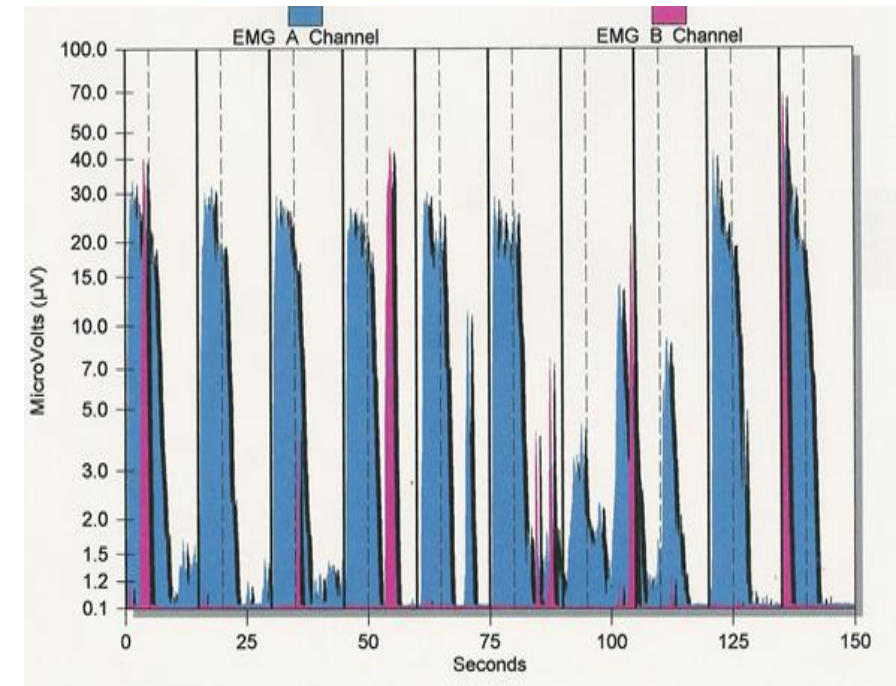
**“You had a huge stage IV tear, took forever to sew up”**

**“Just relax, have a glass of wine”**

# Pelvic PT Interventions for Stress Incontinence

- Neuromotor coordination training
- Manage Pressures
- Functional training

## Biofeedback Training



# Pelvic PT Interventions for Urge Incontinence

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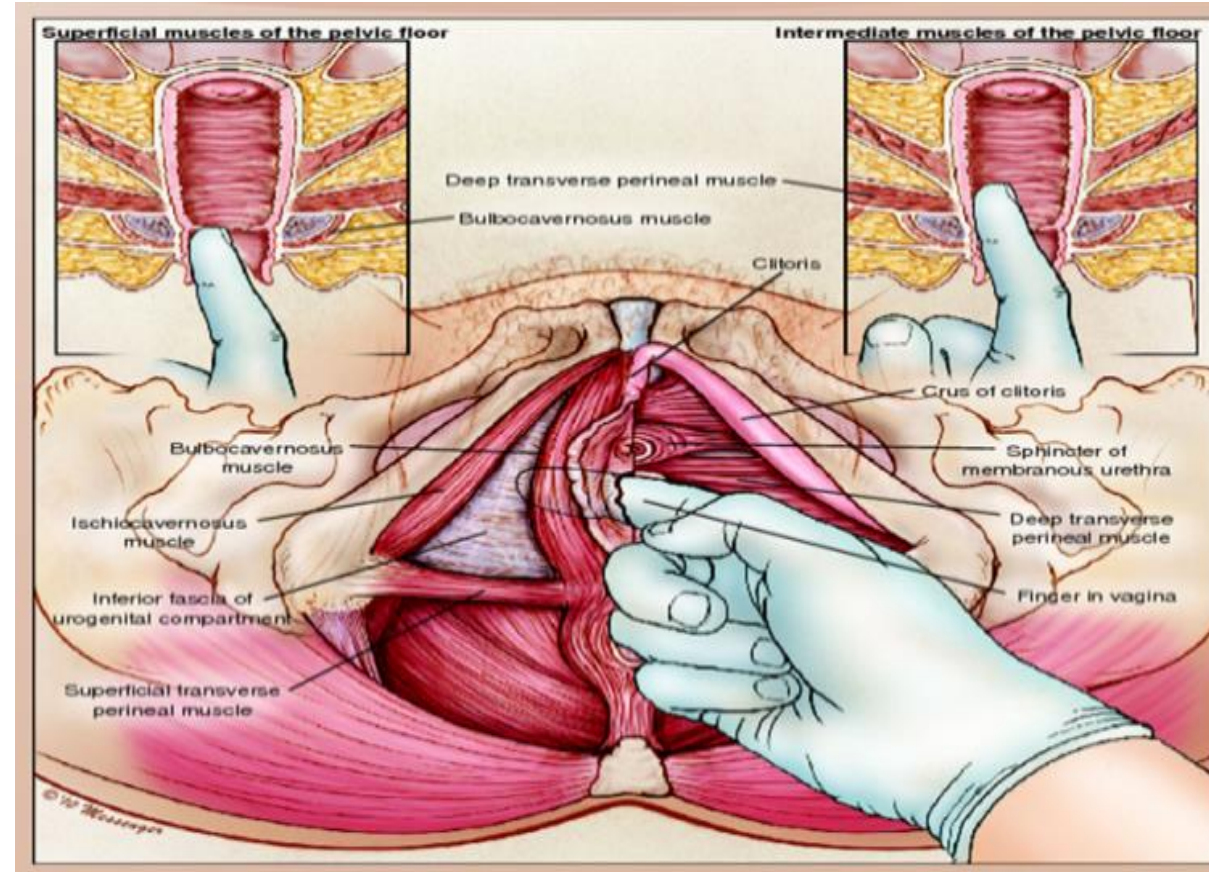
- Neuromotor coordination
- Behavioral management
  - fluid regulation
  - urge suppression
  - bladder training
- Down training of sympathetic nervous system





# Pelvic PT Interventions for Pelvic Pain

- Manual therapies
- Self Care stretches hip/pelvis/abdomen
- Behavioral management
  - ID Triggers and have treatment plan
- Down training of sympathetic nervous system



# Referral To Pelvic Physical Therapy ? If so...START HERE...

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# **Pelvic Physical Therapy Program**

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- **Very patient driven**
- **Visits are every 1-3 weeks**
- **60 min evaluation and 30/45 min returns**
- **Usually 4-6 visits**
- **Closed door room treatments**
- **45 trained therapists here SCal**

Place orders (Enc Date: 5/25/2017) - Wt: (Not entered for this visit) Ht: 1.74 m (5' 8.5")

Snapshot | Chart Review | Problem List | History | Letters | Derivatives | Synopsis | Immunizations | Proactive Care | Allergies | Medications | MAR | **Order Entry** | Enter/Edit Resu... | Activity Rx/Forms | Care Directives | Flowsheets | FYI | Visit Navigator

Pref List | Interactions | Pharmacy | Providers | CC Results | Open Orders | Pend Orders | Sign | Financial | Benefits | Calculator

New order:  Search

New order defaults Not using defaults

**Procedures (1 Order)**

**REFERRAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY**

Internal referral Routine • Dx: 1, 2.

Priority: Routine | Routine | AT | Urgent | F/U Appt Request

Class: Internal refe | Internal referral

Dx Assoc: 1. MIXED URINARY INCONTINENCE 2. MUSCLE WEAKNESS

Questions	Prompt	Answer
1. Reason:	<input type="text"/>	*Consult/Referral

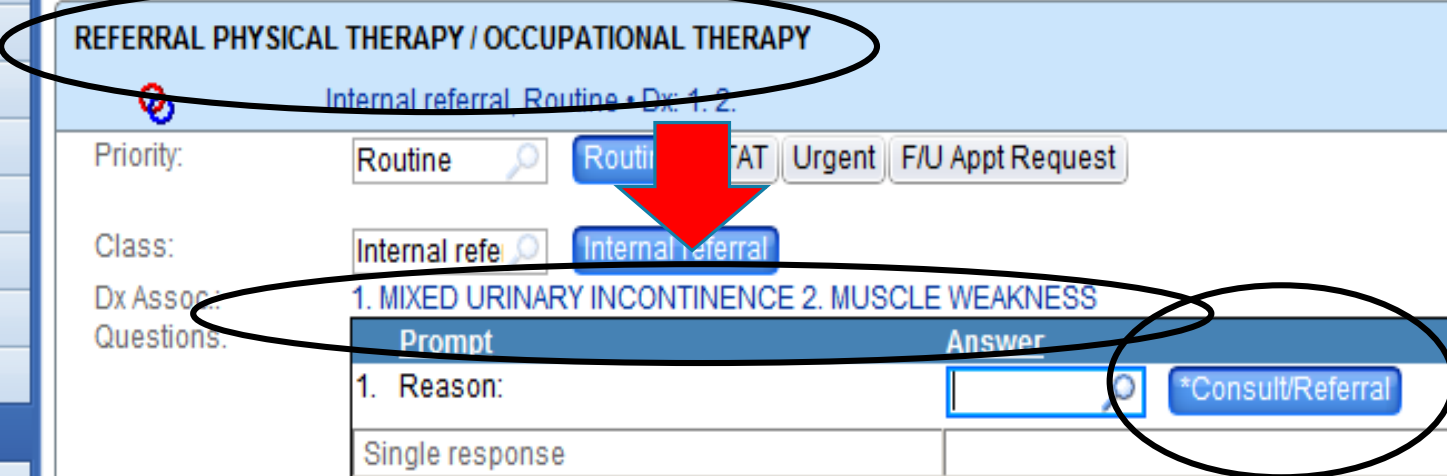




Single response

Comments (F6):  Insert SmartText

Reason: PELVIC PHYSICAL THERAPY FOR STRENGTHENING PELVIC FLOOR

Sched Inst: [Click to add text](#)

Reference Links: 1. Table of Contents | 2. Achilles Tendonitis | 3. Back/Neck Pain



# MD Screening Tools for Pelvic Muscle Dysfunction in Incontinence

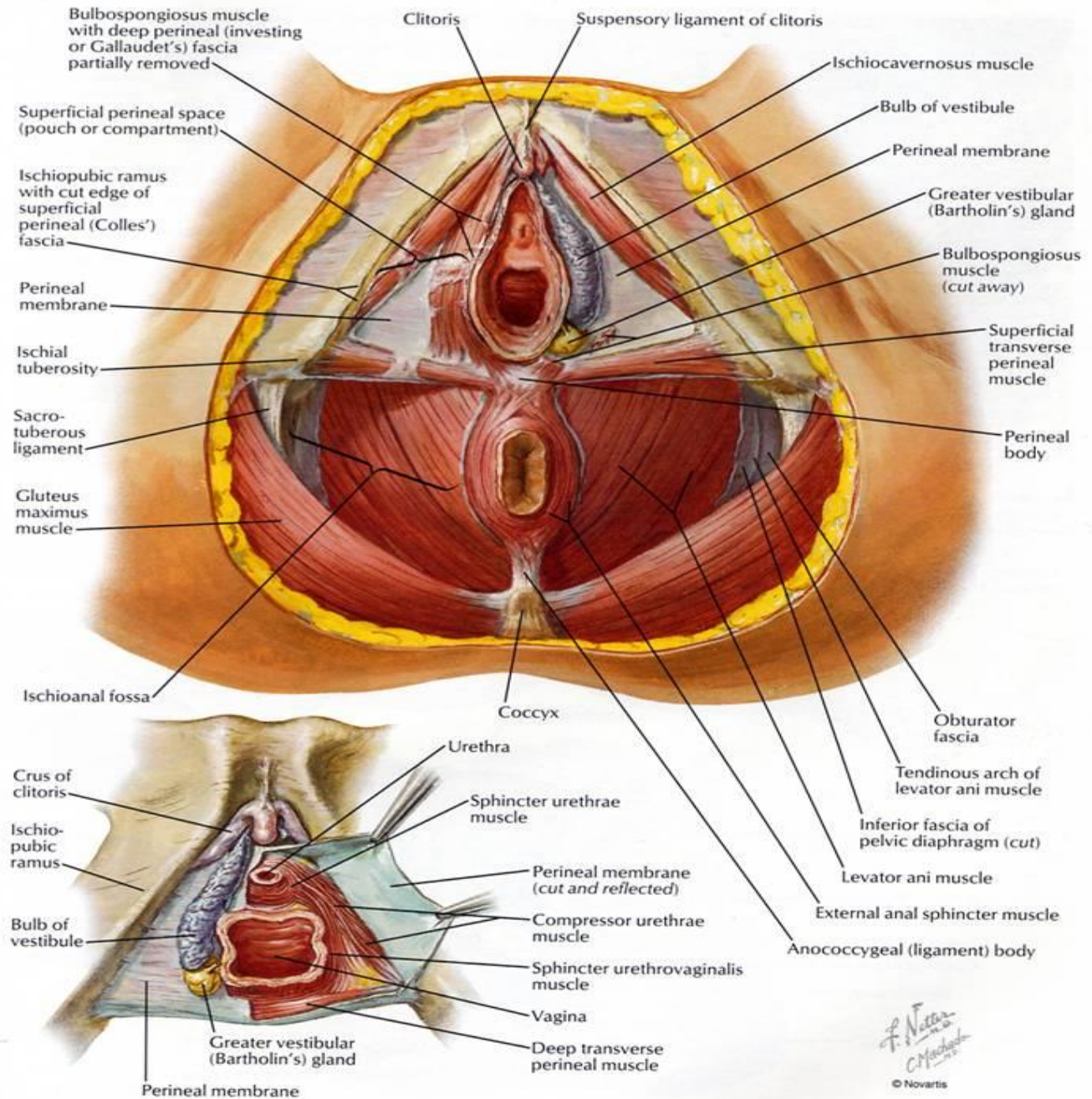


# 1. Perineal and Internal PF Assessment

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“Pelvic floor muscles for the physician are like that no name town you fly over on your way to some place important...”



# Video of Correct Contraction

## Verbal Cueing:

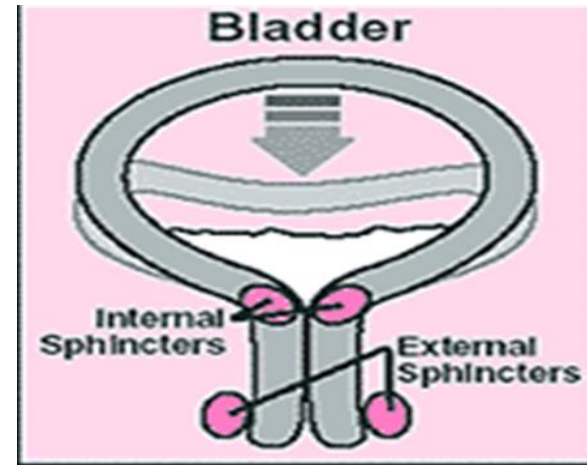
- Close and lift
- Up and in
- Zip up vaginal jeans
- Do not breath hold
- Stopping flow of urine



# Education leads to Self Efficacy

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- Explain Bladder/Bowel function
- Discuss Fluid regulation
- Discuss Toileting mechanics
- Discuss Expectations for improvement



## 2. Gross Musculoskeletal Screen

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# Self Help Aids: DVD's, Apps, Home Biofeedback

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# What PF Dysfunction Patients Need

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- **Information** about their problem
- **Appropriate expectations**
- **Management/Follow Up**
- **Motivation**
- **Assurance**



# In Summary....

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- Look, listen and ask about bladder & bowel incontinence, sexual functioning & pain
- **Integrate** pelvic floor muscular screening into your physical exam
- Pelvic physical therapy can be a **first-line treatment option** for bowel & bladder incontinence

*The **magic** is not in the medicine but in the patient's body – in the recuperative or self-corrective energy of nature.*